

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36612

1. PLACE OF DEATH

County **JACKSON**Registration District No. **399**

Township

Primary Registration District No. **1002**City **KANSAS CITY**(No. **ST. LUKES, HOSPITAL**)File No. **36612**

Registered No.

St. Ward)

2. FULL NAME **MRS. MABEL L. HANDS**(a) Residence, No. **4517 HARRISON GILLIAM ROAD**

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **18** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF -- WILLIAM O. HANDS
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **SEPT. 15, 1877**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

60**0****22**

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **DE KALB COUNTY**
(STATE OR COUNTRY) **MISSOURI**13. NAME **GEORGE J. DOUGLAS**14. BIRTHPLACE (CITY OR TOWN) **CARTHAGE**
(STATE OR COUNTRY) **ILL.**15. MAIDEN NAME **AMANDA SHERARD**16. BIRTHPLACE (CITY OR TOWN) **HAVANAH**
(STATE OR COUNTRY) **MISSOURI**17. INFORMANT **MRS. LOUISE NEAL**
(ADDRESS) **1216 E. ARMOUR BLVD. K. C. MO.**

18. BURIAL, CREMATION, OR REMOVAL

MOUND GROVEDATE **OCT. 9, 1937**19. UNDERTAKER **STAHL'S FUNERAL HOME**
(ADDRESS) **615 W. MAPLE AVE. INDEPENDENCE, MO.**20. FILED **Oct 8, 1937 M. M. Brown**

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCT. 7, 1937** . 1922. **SEP 29, 1937** HEREBY CERTIFY, That I attended deceased from **Oct 7, 1937**I last saw her alive on **Oct 7, 1937** Death is said to have occurred on the date stated above, at **10:45AM**

The principal cause of death and related causes of importance were as follows:

Sarcoma of Maxillary of Small Intestine 1937
46Other contributory causes of importance:
Intestinal Obstruction 10 days due to sarcomaName of operation **Resection of Small Intestine** Date of **9-30-37**What test confirmed diagnosis? **perforation** Was there an autopsy? **yes**23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **W. J. Wilson** M. D.(Address) **406 E. 12th St. Kansas City**

